

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008371

1. Entity Name

SLICK SALT ENTERTAINMENT, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90013 039 ***150.00

Principal Place of Business

13401 NW 3RD ST
#102
PEMBROKE PINES FL 33028

Mailing Address

13401 NW 3RD ST
#102
PEMBROKE PINES FL 33055-3304

2. Principal Place of Business

18020 NW 42 Court
Suite, Apt. #, etc.

3. Mailing Address

18020 NW 42 Court
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

OPA LOCKA FL.

City & State

OPA LOCKA FL

4. FEI Number

65-0809902

Applied For

Not Applicable

Zip

33055

Country

U.S.A.

Zip

33055

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACKSON, JAMES JR.
350 N.W. 134TH AVENUE, #105
PEMBROKE PINES FL 33026

7. Name and Address of New Registered Agent

Name

Jackson, James Jr.

Street Address (P.O. Box Number is Not Acceptable)

18020 NW 42 Court

City

OPA LOCKA

FL

Zip Code

33055

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

James Jackson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/17/2000

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME JACKSON, JAMES JR.
STREET ADDRESS 350 N.W. 134TH AVENUE, #105
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 18020 NW 42 Court
CITY-ST-ZIP OPA LOCKA, FL. 33055

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/2000

Date

(305) 624-0209

Daytime Phone #